Californ	nia I	Resident	Income	Tax	Return	2004				<b>540</b> d	1 <b>Side 1</b>	
Fiscal year file	ers only: I	Enter month of yea	ar end: month_		year 2005.							
Step 1	Your first	name		Initial Last name					PBA	Code	Р	
Place label here or print	If joint ret	turn, spouse's first na	ame	Initial La	ast name						AC	
Name and		nome address — nun			) Box, or rural route			Apt. no.		PMB no.		
	City, town, or post office (If you have a foreign address, see instructions, page 9)						State	e ZIP Co	le		R	
Step 1a	1	SSN or ITIN		S	Spouse's SSN or ITIN				IMPORTANT: Your SSN or ITIN is required.			
Step 2 Filling Status Fill in only one.	s 2 3 4 5	Single Married filing Married filing Head of hous Qualifying wi	g separately. Ent sehold (with qua dow(er) with de	er spouse lifying per pendent c	's social security rson). STOP. See hild. Enter year s	number above and instructions, page spouse died	9. ·					
Step 3	6	i If your parent, (or tax return, even if				ouse, if married) as				● 6○		
Exemptions	, 7 8	For line 7, line 8, line 8, line 8, line 8, line 8	ne 9, and line 10 led in 1, 3, or 4 ab lled in the circle o married, your spo	D: Multiply pove, enter n line 6, se use) are vi	the amount you 1 in the box. If you ee instructions, pag sually impaired, en	enter in the box by u filled in 2 or 5, enter te 10 hter 1; if both, enter 2	the pre- r 2	-printed do	Ilar amou 7  8  8		) }	
Dependent Exemptions	•	Dependents: Enter		· 	Tot	tal dependent exempti						
		Exemption amount								<u> </u>	5	
Step 4 Taxable Income	13	12 State wages from your Form(s) W-2, box 16										
Enclose, but do n staple, any paym	ot 15	Subtract line 14 f California adjustn	from line 13. If I	ess than z	ero, enter the res	sult in parentheses.	See ins	tructions, p	age 17 .	15		
		larger of: Yo	our California <b>ite</b> our California <b>sta</b> Single or Marrie Married filing jo	mized de andard de ed filing se intly, Hea	ductions from Soduction shown be paratelyd	chedule CA (540), li elow for your filing or Qualifying widow	ne 43; <b>c</b> status:	\$3,165 \$6,330	}	• 17		
	19	If subtract line 18 f				ctions, page 17 f less than zero, ent						
Step 5		O Tax. Fill in circle if from: O Tax Table O FTB 3800 or FTB 3803										
Attach copy of your Form(s) W-2, W-26 592-B, 593-B, and 594. Also, attach ar Form(s) 1099 showing California tax withheld.	IG, I any	Exemption credits see instructions,	s. Enter the amo	unt from	line 11. If your fe	deral AGI is more t						
	1	2 Subtract line 21 from line 20. If less than zero, enter -0										
	24	Add line 22 and li								_		

Your name	Your SSN or ITIN:										
Step 6 Special Credits and Nonrefundable Renter's	25 Amount from Side 1, line 24										
Step 7 Other Taxes	34 Subtract line 33 from line 25. If less than zero, enter -0-  35 Alternative minimum tax. Attach Schedule P (540)  36 Other taxes and credit recapture. See instructions, page 20  37 Add line 34 through line 36. This is your total tax  38  39  30  31  32  33  34  35  36  37  38  38  39  30  30  30  30  30  30  30  30  30										
Step 8 Payments  To view your 2004 estimated payments, go to www.ftb.ca.gov											
Step 9 Overpaid Tax/ Tax Due	46Add line 38, line 39, line 40, line 41, and line 45. These are your total payments4647Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 464748Amount of line 47 you want applied to your 2005 estimated tax4849Overpaid tax available this year. Subtract line 48 from line 474950Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions, page 2150										
Step 9a Use Tax	51 Use Tax. This is not a total line. See instructions, page 21										
Step 10 Contributions	CA Seniors Special Fund See instructions, page 25 Alzheimer's Disease/Related Disorders Fund CA Firefighters' Memorial Fund Forgram Fun	_									
Step 11 Refund or Amount You Owe	66 REFUND OR NO AMOUNT DUE. See instructions, page 22. Mail to:  FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 66  67 AMOUNT YOU OWE. See instructions, page 22. Mail to:  FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 67										
Step 12 Interest and Penalties	Interest, late return penalties, and late payment penalties										
Step 13 Direct Deposit (Refund Only)	Do not attach a voided check or a deposit slip. See instructions, page 23  Fill in the boxes to have your refund directly deposited. Routing number  Account Type:  Checking Savings Inumber I										
Sign Here	MPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.  3 Your signature  Spouse's signature (if filing jointly, both must sign)  Daytime phone number (optional)										
It is unlawful to forge a spouse's signature.	X Date										
Joint return? See instructions, page 24.	Firm's name (or yours if self-employed)  Firm's address  FEIN										